United Nations E/CN.6/2013/3

Economic and Social Council

Distr.: General
18 December 2012

Original: English

Commission on the Status of Women
Fifty-seventh session
4-15 March 2013
Item 3 (a) of the provisional agenda*
Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century": implementation of strategic objectives and action in critical areas of concern and further actions and initiatives

Multisectoral services and responses for women and girls subjected to violence

Report of the Secretary-General

Summary

The present report examines the extent to which Governments have implemented multisectoral services and responses for women and girls subjected to violence. It identifies gaps and good practices and concludes with a number of recommendations for future action for the consideration of the Commission on the Status of Women at its fifty-seventh session.

* E/CN.6/2013/1.

12-65384 (E) 070113

Please recycle

Contents

		Page
I.	Introduction	3
II.	Global and legal policy framework	3
III.	Scope and current situation	4
IV.	Development of coordinated multisectoral services and responses	7
V.	Laws, policies, coordination and resources	9
VI.	Provision of multisectoral services and responses	10
VII.	Ensuring the quality of multisectoral services and responses	12
VIII.	Access to multisectoral services and responses for all women and girls	12
IX.	Assessing the effectiveness of multisectoral services and responses	15
X.	Coordination within the United Nations system	17
XI.	Conclusions and recommendations	18

I. Introduction

1. At its fifty-seventh session, the Commission on the Status of Women will consider as its priority theme the elimination and prevention of all forms of violence against women and girls. The present report examines the extent to which Governments have implemented multisectoral services and responses for women and girls subjected to violence and to provide protection from future violence.[1] The present report, prepared pursuant to Economic and Social Council resolutions 2006/9 and 2009/15, incorporates an analysis of contributions by Member States[2] and draws on recent research and analysis and on information and data from United Nations entities and other sources as indicated. It concludes with recommendations for future action for the consideration of the Commission.

II. Global and legal policy framework

2. According to the Declaration on the Elimination of Violence against Women (see General Assembly resolution 48/104), violence against women and girls means "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private" perpetrated by both State and non-State actors. It occurs in all countries, contexts and settings and is one of the most pervasive violations of human rights. In over three decades of efforts by the women's movement, civil society organizations and Governments, there have been many advances in responding to such violence. The obligation of States to take responsibility for responding to violence against women and girls is now part of the broad global human rights framework and is specified in a number of specific binding global conventions, agreements and resolutions.

3. The Convention on the Elimination of All Forms of Discrimination against Women provides the overarching framework for addressing discrimination. The work of the Committee for the Elimination of Discrimination against Women provides a clear interpretation of the Convention by explicitly recognizing violence as a form of discrimination and stresses the responsibility and obligation of States to prevent and respond to violence under various articles in the Convention (see general recommendations 12 and 19 of the Committee).

4. Specific obligations are also contained in the Convention on the Rights of the Child, in particular in article 19 thereof, which requires States to take measures to protect girls from violence, and in the Convention on the Rights of Persons with Disabilities, which stresses the obligations of States to respond to violence against women and girls with disabilities. The General Observation concerning International Labour Organization (ILO) Convention No. 111 obligates States parties to implement measures to address sexual harassment.

---

[1] The prevention of violence against women and girls is addressed in a separate report of the Secretary-General on the priority theme (E/CN.6/2013/4).

[2] Argentina, Austria, Colombia, Denmark, Djibouti, Estonia, Finland, Hungary, Italy, Japan, Jordan, Kuwait, Madagascar, Malta, Mauritius, Mexico, Paraguay, Poland, Qatar, the Republic of Korea, Senegal, Slovenia, Spain, Sri Lanka, the Sudan, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland.

5. The legal framework concerning violence against women and girls also comprises various resolutions of the General Assembly, including resolution 48/104, the United Nations Declaration on the Rights of Indigenous Peoples (see resolution 61/295, annex, article 22) and a number of resolutions on the intensification of efforts to eliminate all forms of violence against women, as well as resolutions of the Human Rights Council and of the Security Council.[3] The actions States are required to take are clearly outlined in the Beijing Platform for Action, particularly in strategic objective D, and include the provision of multisectoral services and responses that are accessible to all women and girls. The Commission on the Status of Women previously addressed violence against women and girls in 2003, and in its agreed conclusions of 1998 and 2007.[4] The priority theme for the fifty-seventh session of the Commission provides an opportunity to consider current obligations by States and to strengthen the normative framework.

6. All these obligations are underpinned by the due diligence standard for responding to violence against women (see General Assembly resolution 48/104, article 4 (c)), to prevent, respond to, protect against and provide remedies for acts of violence against women committed by State or non-State actors.[5] In her report on the due diligence standard as a tool for the elimination of violence against women (E/CN.4/2006/61), the Special Rapporteur on violence against women, its causes and consequences observed significant inconsistencies in the implementation and failure to exercise due diligence in this area including: in the enforcement of protective obligations, including by police and judiciary; an absence or inadequate provision of services such as shelters; and too much focus on short-term protection as opposed to more long-term assistance to assist women to avoid re-victimization. The Special Rapporteur is currently undertaking a global study that analyses the interpretation and implementation of the due diligence obligation by States, which will be the focus of her thematic report for 2013.[6]

7. The recommendations from the universal periodic review and the Committee on the Elimination of Discrimination against Women continue to reinforce the obligations by States to ensure the enforcement of laws, the investigation of cases, the prosecution of perpetrators, the protection of and support for victims and the need to systematically collect and analyse disaggregated data on violence against women.

III. Scope and current situation

Scope

8. The present report contains a review of the current evidence on the nature, extent and impact of violence against women and girls; an evaluation of what progress has been made in developing and implementing comprehensive and

[3] See, for example, Human Rights Council resolutions 14/12, 17/11 and 20/12, and Security Council resolutions 1325 (2000), 1820 (2008), 1888 (2009), 1889 (2009) and 1960 (2010).

[4] See E/2003/27-E/CN.6/2003/12, E/1998/27-E/CN.6/1998/12 and Corr.1 and E/2007/27-E/CN.6/2007/9.

[5] See the report of the Special Rapporteur on violence against women, its causes and consequences, E/CN.4/2006/61.

[6] For further information please see www.ohchr.org/EN/Issues/Women/SRWomen/Pages/VAW.aspx.

coordinated approaches to multisectoral services and responses; an examination of the quality and accessibility of such approaches; and an assessment of their effectiveness, including the extent to which services and responses ensure immediate response to and long-term recovery from the experience of violence and that all women and girls are protected from future violence.

9. The prevention of and response to violence requires States to act at each and every opportunity, beginning with preventing violence from happening at all to responding to violence in its aftermath. Comprehensive legal frameworks, enforcement mechanisms and multisectoral services that are available and accessible not only respond to and protect women and girls but also send a clear message to society that such violence is not acceptable. At the same time, prevention strategies not only work to stop violence, but raise awareness among the community and lead to more women and girls seeking protection and support.

Nature, extent and consequences of violence against women and girls

10. Violence against women and girls takes on many forms, including intimate partner violence; early and forced marriage; forced pregnancy; honour crimes; female genital mutilation; femicide; non-partner sexual violence; sexual harassment in the workplace, other institutions and in public spaces; trafficking; violence condoned by the State; and violence against women in conflict situations (see the report of the Secretary-General on the in-depth study on all forms of violence against women, A/61/122/Add.1 and Corr.1).

11. The prevalence rates for some forms of violence are better documented than others, as reported in the above-mentioned in-depth study. From the data that is available, it is estimated that as many as 7 out of 10 women experience physical and/or sexual violence at some point in their lifetime;[7] according to a global estimate of forced labour published by ILO in 2012, women and girls comprise 98 per cent of all people in forced sexual exploitation, the majority of whom are trafficked; between 100 and 140 million girls have been subject to female genital mutilations;[8] and, as reported by the United Nations Office on Drugs and Crime in its global study on homicide (2011), in some countries, between 40 and 70 per cent of female murder victims are killed by intimate partners.

12. Violence against women and girls also has both short- and long-term adverse consequences on their health and rights, including their reproductive rights.[9] The impact can range from severe physical effects, including serious injuries, and in terms of sexual and reproductive health, unintended pregnancies, gynaecological problems and sexually transmitted infections, to death. Intimate partner violence during pregnancy also increases the likelihood of miscarriage, stillbirth, pre-term delivery, poor obstetric outcomes and low birth weight.[10] Violence against women

[7] More information available from www.unifem.org/gender_issues/violence_against_women/facts_figures.html.

[8] More information available from www.endvawnow.org/en/articles/299-fast-facts-statistics-on-violence-against-women-and-girls-.html.

[9] See the report on combating gender-based violence prepared by the United Nations Population Fund (UNFPA), the United Nations Development Fund for Women (UNIFEM) and the Office of the Special Adviser on Gender Issues and Advancement of Women, 2005.

[10] Further information in publications of the World Health Organization, available from www.who.int/reproductivehealth/publications/violence/rhr12_36/en/index.html and www.who.int/reproductivehealth/publications/violence/rhr12_43/en/index.html.

can also lead to increased risk of HIV infection, particularly in the case of rape, when tears and lacerations may increase the vulnerability to HIV infection.[11] Violence can also be a consequence of women revealing their HIV status.[12]

13. There are significant mental health consequences for women subjected to violence and a higher risk of subsequent re-victimization.[12] An analysis of the data collected by the World Health Organization in a multi-country study, conducted in 13 urban and rural sites in 9 low- and middle-income countries, reveals that the most consistent risk factors for suicide attempts among women, outside of common mental health disorders, were intimate partner violence; non-partner physical violence; the experience of divorce, separation or widowhood; childhood sexual abuse; and having a mother who had experienced intimate partner violence.[13]

14. Violence also has significant consequences for girls in terms of physical, sexual, reproductive and mental health. Early exposure to violence can have an impact on brain maturity, leading to behaviours that cause social problems and increase susceptibility to lifelong social, emotional and cognitive impairments, to obesity and to behaviours that pose a risk to health, such as smoking, substance abuse and early sexual activity.[14]

15. The impact of violence can be intergenerational. Children who are exposed to domestic violence are at increased risk of anxiety, depression, low self-esteem and poor school performance. Children who have witnessed or been subject to such violence are more likely to become victims and abusers later in life. Surveys in Costa Rica, the Czech Republic, the Philippines, Poland and Switzerland revealed that boys who witnessed their father using violence against their mother were three times more likely to use violence against their partners later in life.[15] A similar correlation has also been observed in conflict-affected settings, such as in the Democratic Republic of the Congo and Liberia.[16]

16. Violence against women and girls hinders social and economic development and reduces productivity. It has enormous direct and indirect costs for survivors, employers and the public sector in terms of health, police, legal and related expenditures as well as lost wages and productivity.[15] During times of economic crisis, measures by governments to reduce spending, uncertain aid budgets, rising

---

[11] Rachel K. Jewkes et al., "Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study", *The Lancet*, vol. 376, No. 9734 (July 2010).

[12] Johanna Kehler et al., "If I knew what would happen, I would have kept it to myself", study on gender violence and HIV, 2012.

[13] K. Devries et al., "Violence against women is strongly associated with suicide attempts: evidence from the WHO multi-country study on women's health and domestic violence against women", *Social Science and Medicine*, vol. 73, No. 1, 2011.

[14] See the United Nations Children's Fund (UNICEF) study on violence against children, available from www.unicef.org/violencestudy/1.%20World%20Report%20on%20Violence%20against%20Children.pdf; see also A/61/299.

[15] See further information and sources, available from www.endvawnow.org/en/articles/301-consequences-and-costs-.html.

[16] For more information, see the preliminary results of the international men and gender equality survey conducted by Promundo and Sonke Gender Justice Network, "Gender relations, sexual violence and the effects of conflict on women and men in North Kivu, eastern Democratic Republic of the Congo" (2012); see also P. Vinck and P. N. Pham, "Association of exposure to intimate-partner physical violence and potentially traumatic war-related events with mental health in Liberia", *Social Science & Medicine*, vol. 77.

unemployment and poverty increase the risks of violence towards women and girls, particularly in relation to domestic/family and intimate partner violence.[17]

17. Given the impact of economic circumstances on rates of violence against women and girls, States must provide the necessary social protection and support for women and girls at increased risk of exposure to violence and exploitation. Failure to do so results in the burden of care and support, and the responsibility for addressing violence, shifting back to women. The implementation of multisectoral services and responses requires adequate budget allocations determined through specific costing exercises that should be sustained even in times of austerity.

18. Violence against women and girls may also undermine key elements of successful post-conflict peacebuilding such as social stability, economic recovery, effective State authority and overall development. For example, elevated levels of sexual violence can impair women's willingness and ability to enter or engage in work, agricultural marketing activities or send their daughters to school.[18] In a post-conflict environment, there is also likely to be a greater proliferation of small arms, which increases the vulnerability of women and girls and exacerbates the seriousness of violence against them, including in the home.[19] This violence also needs to be addressed by States, as well as by humanitarian and development actors, through the provision of coordinated multisectoral responses and services.

IV. Development of coordinated multisectoral responses and services

19. Coordinated responses are systematic approaches founded on the concept of comprehensive, collaborative and integrated service delivery.[20] Such approaches began in the United States of America over three decades ago, driven largely by women's organizations, in order to improve the relationship between the criminal justice sector and non-governmental agencies providing service to victims/survivors.[21] Since that time, it has become clear that no individual service sector is able to address the multidimensional and, in some cases, severe and long-lasting impacts of violence in a comprehensive manner. During the process of response, recovery and reintegration, women and girls require access to a range of services and responses in the short-, medium- and long-term to recover from the effects of such violence and to protect them from future violence.

20. The full range of multisectoral services and responses required have been described in many reports, including the in-depth study on all forms of violence against women (A/61/122/Add.1 and Corr.1), in many resolutions of the General

[17] See the discussion paper of the Joint United Nations Programme on HIV/AIDS (UNAIDS), "Impact of the global economic crisis on women, girls and gender equality", August 2012.

[18] Anne-Marie Goetz and Robert Jenkins, "Addressing Sexual Violence in Internationally Mediated Peace Negotiations", *International Peacekeeping*, vol. 17, No. 2, April 2010.

[19] See the report of the Expert Group Meeting on prevention of violence against women and girls, held in Bangkok, in September 2012. Available from www.unwomen.org/wp-content/uploads/2012/11/Report-of-the-EGM-on-Prevention-of-Violence-against-Women-and-Girls.pdf.

[20] M. A. Adler, "The utility of modeling in evaluation planning: the case of the coordination of domestic violence services in Maryland", *Evaluation and Program Planning*, vol. 25. No. 3, August 2002.

[21] More information available from www.theduluthmodel.org/about/index.html.

Assembly and in reports of the Special Rapporteur on violence against women, its causes and consequences. They include police and justice responses; shelters; legal aid; health-care services; psychosocial counselling and mental health care and support; non-statutory interventions for perpetrators (rehabilitation programmes); 24-hour hotline and online services; services for accompanying children in shelters; economic and employment assistance; social reintegration support; and reintegration of girls into education.[22]

21. It is important that these services work together in the most efficient and effective way to reduce the burden and impact on women and girls in the process of reporting, response and recovery. The secondary victimization experienced as part of reporting violence has long been an obstacle to women and girls seeking support and assistance, which has dire, and in some cases, fatal consequences.[23] These obstacles are especially acute in conflict-affected settings. The increased dangers associated with reporting results in underreporting and a lengthened period of time between incidence and reporting.

22. Coordinated multisectoral services and responses should also be linked to general health-care services. Often, women subjected to violence are more likely to interact with health-care providers (doctors, maternal and early childhood nurses, school counsellors) before directly accessing specialized services. As such, it is important for the provision of coordinated and multisectoral responses to have the necessary referral processes established with the broader health-care system.[24] When linked to broader sectors, there can be better interaction between the many different sectors working to end violence against women both through response and prevention, some of which overlap. To this end, the Expert Group Meeting on prevention recommended that prevention and response strategies be developed and implemented as a holistic and integrated system that upholds the human rights of girls and women to live in societies, communities and families that are free of such violence.[19]

23. Over the last three decades, various models of coordinated and multisectoral responses have been implemented in many countries, including: one-stop crisis centres where all relevant services are co-located;[25] comprehensive care models where additional services are included to respond to specific needs such as HIV/AIDS[26] or provide other support;[27] and the development of integrated service

---

[22] See the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), "Handbook for national action plans on violence against women", 2012, section 3.5.

[23] Sarah Bott and others, "Preventing and responding to gender-based violence in middle- and low-income countries: a global review and analysis", Policy Research Working Paper, No. 3618 (Washington, D.C., World Bank, 2005).

[24] See the report of the International Center for Research on Women, "Intimate partner violence: high costs to households and communities", 2009.

[25] Such examples include those from Bangladesh, Malaysia, South Africa, the United Kingdom of Great Britain and Northern Ireland and Zambia. See, for example, www.mspvaw.org.bd/occ.php; www.rapecrisis.org.UK/Referralcentres2.php; www.npa.gov.za/UploadedFiles/THUTHUZELA%20Brochure%20New.pdf; and http://pdf.usaid.gov/pdf_docs/PDACR569.pdf; and the study by the United Nations Population Fund (UNFPA), "Health sector response to gender-based violence: an assessment of the Asia Pacific region", Bangkok, 2010.

[26] More information available from www.popcouncil.org/pdfs/AfricaSGBV_KeyIssues.pdf. Such a model of service delivery also exists in Latin America.

[27] For example, a network of "Centros de Ciudad Mujer" in El Salvador. More information available from www.iadb.org/es/proyectos/project-information-page,1303.html?id=ES-L1056.

delivery models, which do not require services to be co-located but ensure the provision of comprehensive responses in a coordinated manner.[28] All of these models, however, require clear and transparent protocols between participating agencies, comprehensive reporting and referral mechanisms, and ethical information-sharing guidelines that ensure safety, confidentiality and privacy. They must also be gender-sensitive and responsive to the needs of children.

24. Much guidance has been developed on ensuring better cooperation and coordination for services, by practitioners and researchers, including by non-governmental organizations[29] or the "Guidelines for gender-based violence interventions in humanitarian settings" of the Inter-Agency Standing Committee.[30] Despite such guidance, many critical gaps remain in the implementation of multisectoral services and responses, leaving many women and girls at risk of death, injury or further victimization. In particular, significant gaps remain in laws and policies, the provision, quality and accessibility of multisectoral services and responses and the ability to assess their effectiveness.

V. Laws, policies, coordination and resources

25. Comprehensive laws, including those that criminalize violence against women and girls[31] and mandate the provision of coordinated multisectoral services and responses, form the foundation of sustainable responses. Of the responses provided by Member States, only a few clearly reported that they had mandates for the provision of multisectoral services and responses in legislation (Poland, Slovenia, Spain and Sweden). As outlined in the in-depth study on all forms of violence against women (A/61/122/Add.1 and Corr.1), comprehensive multisectoral services and responses must be sustained, supported and facilitated by strong dedicated and permanent institutional mechanisms. Implementation of such services should be accompanied by relevant legislation and/or policies that also provide for the establishment of appropriate and effective coordination mechanisms at all levels and include the necessary resources and funding for implementation.

26. A number of reporting States have established comprehensive coordination mechanisms for services and responses to violence against women and girls, primarily for domestic violence and/or sexual assault (Colombia, Estonia, Finland, Malta, Mauritius, Mexico, Paraguay, the Republic of Korea, Slovenia, Spain, the Sudan and the United Kingdom of Great Britain and Northern Ireland). With the exception of Finland, Malta and Slovenia, however, it was not clear if such mechanisms were provided for in legislation. More commonly, the coordination mechanisms and the provision of services were specified through ministerial decrees (Djibouti, the Sudan) or through policy frameworks, including national action plans, strategies or platforms (Denmark, Estonia, Italy, Japan, Jordan, Madagascar and

[28] More information available from www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/plans-and-strategies/women/action-plan-to-address-violence-against-women-and-children.

[29] See, for example, Women against Violence Europe, "Bridging gaps: from good intentions to good cooperation", available from www.wave-network.org/start.asp?ID=289&b=15.

[30] Available from http://ochanet.unocha.org/p/Documents/GBV%20Guidelines%20(English).pdf.

[31] See the *Handbook for Legislation on Violence against Women* (United Nations publication, Sales No. E.10.IV.2) and General Assembly resolution 65/228.

Sri Lanka). Little information was provided by States in relation to the funding arrangements for the provision of these services, with the exception data shared by Austria, Denmark, Finland, Italy, Mexico, Spain and Sweden. Denmark reported the recent establishment of a fund for victims, which collects money from the perpetrators that can then be used to assist the victims. Austria reported that a law authorizes public financing for the national centres for protection from violence.

VI. Provision of multisectoral services and responses

27. Multisectoral services and responses in many countries, when available, are generally limited to those required in the immediate aftermath of violence and sometimes are only provided in urban areas. Submissions provided by Member States referred to the presence of a range of multisectoral services and responses required immediately after the violence has occurred, including all or a combination of free 24-hour hotlines, police responses, protection orders, access to legal aid, shelters, health care and psychosocial counselling (Austria, Colombia, Denmark, Estonia, Finland, Italy, Jordan, Madagascar, Mauritius, Mexico, Paraguay, Poland, Qatar, the Republic of Korea, Slovenia, Spain, Sri Lanka, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland). Some States specifically mentioned services for children and/or girls (Hungary, Mauritius, Mexico, the Republic of Korea, Spain and Sri Lanka) or initiatives aimed at children who witness violence (Sweden). Mauritius reported that child victims of abuse and their families are offered psychological counselling and legal advice from six family support bureaus.

28. The level of coordination of services and responses varies. Some States clearly reported the provision of all necessary services in a coordinated and integrated way (Argentina, Austria, Colombia, Madagascar, Mexico and Spain). In Madagascar, regional bodies seek to ensure that services and responses work together through the creation of networks, and Austria and Finland are piloting the Multi-agency Risk Assessment Conference model, which originated in the United Kingdom of Great Britain and Northern Ireland and involves all relevant institutions meeting to discuss protection options for women at high risk of violence. Human rights treaty bodies, including the Committee on the Elimination of Discrimination against Women, have also expressed concern that the level of coordination remains inadequate.[32] In emergency settings, the disruption and destruction of services, coupled with the arrival of humanitarian actors providing services to address gender-based violence, adds another layer of complexity and urgency to the coordination of multisectoral services and responses.

29. There are still critical gaps in the strategies and plans of many States in responding to violence against women and girls. Several Member States reported on their responses to domestic or family violence and sexual assault. Some States identified responses and/or laws available or being developed for other forms of violence such as trafficking (Argentina, Austria, Denmark, Finland, Kuwait, Mexico, Paraguay, Qatar, Sri Lanka and Switzerland), "honour-related" violence (Sweden), female genital mutilations (Austria, Djibouti and Italy), forced and early marriage (Austria, Sweden and the United Kingdom of Great Britain and Northern

[32] See concluding observations of the Committee on the Elimination of Discrimination against Women, available from www2.ohchr.org/english/bodies/cedaw/sessions.htm.

Ireland). Mexico reported a specific programme focused on femicide. Only Colombia, Paraguay and Slovenia reported specific responses to violence against women in the workplace. In its resolution concerning gender equality at the heart of decent work, adopted at its ninety-eighth session, the International Labour Conference described gender-based violence as a critical and major global challenge to the goal of equity between women and men.

30. The inclusion of police and broader justice responses is critical in protecting victims/survivors and holding the perpetrators to account. While many Member States reported the provision of court-issued protection orders,[33] and some have even introduced short-term exclusion orders issued directly by the police (Austria, Hungary, Slovenia and the United Kingdom of Great Britain and Northern Ireland), only a few States reported other specific responses provided by police and/or the justice sector (Colombia, Estonia, Finland, Mauritius, Mexico, Paraguay, Sri Lanka and the Sudan).

31. There are some examples of promising practices. Paraguay has established six police units throughout the country with officers specially trained to respond to violence against women. In Japan, once the court issues a protection order, police contact the victim to provide information on what to do if the order is breached and contact the respondent to ensure observance of the order. Other examples include: centres for justice in Mexico, which provide a multi-agency response to victims/survivors of violence and their families; centres established for victims of sexual and intra-familial violence in Colombia; and in Estonia, centres where police and victim support organizations are co-located. Many post-conflict countries have seen the establishment of special units within the police devoted to addressing this type of violence, the development and implementation of specific standard operating procedures, and community policing activities based on building trust and collaboration between the police force and women. The provision of effective police and justice responses needs to be strengthened to ensure access to justice and to end impunity.

32. Long-term assistance is necessary to ensure the full recovery of women and girls, as well as to reduce the risks of re-victimization. Such assistance includes employment assistance, access to long-term housing, social reintegration and reintegration into education for girls. An example of good practice in long-term support for women who have been the victims of violence was recently introduced in Australia, where some workplaces have introduced domestic violence entitlements in industrial awards and agreements, including access to paid family violence leave of up to 20 days a year.[34] Another good practice by States in relation to long-term support and recovery is the provision of reparations beyond those which provide restitution, compensation, rehabilitation and reintegration, but are transformative in nature, and address the structural and root causes of discrimination and inequality underlying violence against women and girls, as reported by the Special Rapporteur on violence against women, its causes and consequences (A/HRC/14/22). Reports on the rule of law and transitional justice in conflict and

[33] Although yet to come into force, an example of good practice regarding regional cooperation for protection is the European Protection Order endorsed by the European Parliament in 2011. Information available from www.europarl.europa.eu/news/en/pressroom/content/20111213IPR33945/html/Parliament-endorses-EU-wide-protection-for-crime-victims.

[34] More information available from www.dvandwork.unsw.edu.au/resources#workplace.

post-conflict societies (including the report of the Secretary-General (S/2011/634)) have emphasized the need to support national reparations programmes, which have particular importance for women and girls in post-conflict situations. In relation to longer-term support for women and girls, very few States identified the provision of such services (Austria, Italy, Spain and Sweden). The provision of effective long-term services for victims continues to be a critical gap for all countries.

VII. Ensuring the quality of multisectoral services and responses

33. The manner in which services and responses are established, the way in which professionals respond, and the mechanisms in place to ensure safety, security and confidentiality for victims/survivors are important for building the confidence of women and girls in accessing and using the services. Developing standards is a means of ensuring quality service provision, as such standards, in the context of violence against women and girls, provide guidance on the establishment of multisectoral services and responses and the development of standards for service delivery for the professionals involved to ensure the needs of victims/survivors are met, especially in the immediate aftermath of violence. The Council of Europe has introduced very specific service standards for multisectoral services and responses, including the different types of services that should exist in order to form a complete system of support and the minimum standards for the development of such services.[35]

34. The World Health Organization (WHO) is currently in the process of developing guidelines and standards for health-care services for victims of intimate partner and sexual violence.[36] Some countries have developed processes to try and regulate the quality and provision of service (Finland, Italy and Sweden). Although there are some examples of good practice, there are no globally agreed or accepted standards for coordinated multisectoral services and response. The implementation of such standards, which would have to be adapted to particular contexts, would ensure the quality of response to women and girls, regardless of where they live. While many multisectoral services and responses are provided by non-governmental agencies, the obligation and responsibility for such services, including the standard of service, still lies with Member States.

VIII. Access to multisectoral services and responses for all women and girls

35. There is evidence to suggest that there are obstacles preventing many women and girls from accessing multisectoral services and responses, such as: inadequate geographical coverage; lack of knowledge by women and girls of services available; provision of service that is inadequate or tailored for specific groups of women and girls; lack of access for children; victims' fear of reporting due to the stigma of victimization; or the cost of services if they are paid for by the victim/survivor. In

[35] Council of Europe, "Combating violence against women: minimum standards for support services", available from www.coe.int/equality.

[36] More information available from www.who.int/reproductivehealth/topics/violence/prevention/en/index.html.

conflict-affected settings, services are often temporarily suspended, destroyed or displaced, or made inaccessible and out of reach for security reasons, and people fleeing violence are less likely to be able to access those services that are functioning.

36. Mapping exercises have been undertaken in some countries to identify gaps in services and responses. In the United Kingdom of Great Britain and Northern Ireland, the Equality and Human Rights Commission and the End Violence against Women Coalition have produced two reports on the gaps in service provision in that country.[37] In Nepal, a preliminary mapping of gender-based violence interventions has been undertaken to help inform future service delivery.[38] Both exercises are examples of good practice to ensure adequate coverage of multisectoral services and responses, particularly in rural areas where such support is often absent or inadequate. Italy provided the most detailed information on geographical coverage, including that it funded 165 anti-violence centres (72 of which were shelters). Colombia reported extending accessibility to services through the provision of 63 units of comprehensive care for victims. Some States reported having only one shelter (Jordan, Malta and Paraguay) and none of the reporting States stated whether a service mapping exercise was conducted to identify gaps in service provision.

37. An important part of ensuring access is through awareness-raising and the promotion of available services and responses. Many Member States referred to increasing awareness of services and responses through the provision and promotion of information, including toll-free numbers, media campaigns and other awareness-raising methods (Austria, Colombia, Djibouti, Italy, Spain, Slovenia and Sri Lanka). Djibouti reported the development of a "judicial guide" for victims, which assisted women in understanding how to bring a complaint and the functioning of the justice system, as well as of a specific service that provides legal information. Argentina and Spain reported the development of online databases that include detailed information on resources and services at the national level. Mexico referred to an initiative in schools to raise awareness of gender-based violence, with the express aim of early detection and encouraging reporting.

38. As highlighted in the in-depth study on violence against women, there are several factors that influence what forms of violence women and girls suffer and how they experience it, including their race, ethnicity, caste, class, migrant or refugee status, age, religion, sexual orientation, marital status, disability or HIV status. The Special Rapporteur on violence against women, its causes and consequences recently highlighted that the lack of recognition of inequality among different groups of women leads to particular vulnerability, among certain groups of women, to violence being obscured and, more often than not, the women whose rights are protected are not those at the greatest risk of gender-based violence (see A/HRC/17/26). This also pertains to certain groups of women in specific or country contexts, who are subject to violence owing to their position or status in society, for example, widows.

39. In a specific report on women with disabilities (A/67/227), the Special Rapporteur stated that women with disabilities experience many of the same forms of violence that other women experience, but highlighted additional barriers they

[37] More information available from www.equalityhumanrights.com/key-projects/map-of-gaps/.

[38] The Asia Foundation, "Nepal: preliminary mapping of gender-based violence", 2010.

face in accessing justice and multisectoral services and responses to escape the violence. The Office of the United Nations High Commissioner for Human Rights (OHCHR) also highlighted that women and girls with disabilities are at a greater risk of violence and that the legislation that exists on violence against women and girls often does not recognize the range of domestic or family settings in which women with disabilities may live and the variety of possible perpetrators in such contexts, including caregivers (see A/HRC/20/5 and Corr.1). The report concluded that programmes to prevent violence against women and ensure access to justice, protection measures and legal, social and health-care services should be developed and implemented to include accessibility for women and girls with disabilities. Similarly, it is important that such services and responses are accessible to other groups of women, including indigenous women and girls (see E/C.19/2012/6) and women with HIV.[39]

40. Some States identified specific initiatives aimed at improving access for rural women and some groups of women who suffer multiple forms of discrimination (Argentina, Austria, Madagascar, Mexico, Slovenia, Spain and Sweden) through awareness-raising and the provision of specific services, including mobile outreach in rural areas. For example, Madagascar seeks to protect women migrant workers from violence through the development of an agreement with the receiving country to protect their rights and repatriate citizen migrant workers who have been victims of violence. In Argentina, free legal advice is provided to indigenous women and other vulnerable groups in more remote areas through mobile outreach services. Mexico has specialized centres for indigenous women who are victims of violence and 38 mobile service centres have been created to respond to women and girls in remote areas. In addition, the country also has trained and certified interpreters in indigenous languages.

41. Paraguay has established four regional centres to respond to violence against women, including in one region where there is a concentration of indigenous communities. Spain is considering measures to make a telephone hotline more accessible for women with audio impairment and provides assistance to migrant women through the provision of temporary residence. The Republic of Korea, through special measures aimed at protecting women with disabilities, has established five protection facilities for disabled people affected by domestic and sexual violence. Denmark reported that one shelter was dedicated to women from minority groups and that many shelters have facilities for women with children and women with disabilities, as well as accepting children up to the age of 14. The practice of establishing mobile courts and mobile health clinics specifically devoted to addressing violence against women and girls is being increasingly used in post-conflict settings, owing to the dysfunction of health and justice institutions.

42. Few responses from States specifically mentioned access for children to shelters, which is critical for many women to feel confident in accessing such services. Finland reported on specific initiatives aimed at the safety of older people. Spain was the only State to report on specific services and responses for adolescent girls, an important group with particular developmental needs not often provided by available services. Access to information, education and to services on sexual and

[39] Studies from several countries have found that HIV-positive women report higher rates of intimate partner violence. More information available from www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60548-X/fulltext.

reproductive health is a critical component to enable all individuals, including adolescents, to protect their health and exercise their reproductive rights.

43. Building the capacity of professionals who deliver service and response to victims/survivors is necessary to ensure access by all women and girls. Nearly all States referred to capacity-building for some or all service providers to respond to all women and girls. Many States referred to the provision of handbooks or manuals and training for prosecutors, police and judges, as well as reporting on many other training activities for professionals from other sectors. Many States referred to specific training for all professionals, particularly in relation to family or domestic violence and sexual violence. Few Member States specifically reported capacity-building for professionals to adequately respond to women and girls suffering multiple forms of discrimination, except for Mexico, where the State reported working with justice professionals to improve access to justice for indigenous women.

44. Human rights treaty bodies have also urged States to provide geographically distributed and adequately resourced support services to victims, and to ensure that all women victims of violence, including women from rural areas and vulnerable groups, have full access to such services.

IX. Assessing the effectiveness of multisectoral services and responses

45. An important component of coordinated multisectoral services and responses is the ability to assess their effectiveness through ongoing monitoring, evaluation and data, to ensure they are achieving their goals.

Monitoring and evaluation

46. Monitoring is an ongoing review of practices that should be undertaken by the relevant coordinating mechanism. Evaluation is a more in-depth and formal analysis of the impact and effectiveness of the system response (assessing both the direct benefits to the victim/survivor and the way in which services are working together) that should be undertaken, preferably by an independent body, using specific methodologies and during specific points in time during the lifespan of an initiative. Even though coordinated multisectoral responses have been implemented in various forms, albeit specific to local contexts, for almost three decades, comprehensive evaluations of such responses are still relatively limited. While the success of such responses can be understood intuitively in terms of reducing the impact on the victims/survivors when reporting, if more evaluations were conducted with consistent methodologies, there would be greater opportunity to identify common elements of success across all settings, thereby adding to wider knowledge on more effective responses.

47. Very limited information was provided in relation to evaluation and monitoring of programmes and policies to inform and strengthen future work. Sweden reported an evaluation of its national plan using the outcomes to inform ongoing work, and to build up knowledge and research. Austria reported two evaluations of the Protection Against Violence Act and another that assessed the impact of the violence protection centres for women and children. Argentina's

National Observatory on Violence against Women monitors and collects data to inform policy and strategies to eradicate and prevent violence.

Prevalence data and indicators

48. As well as developing appropriate methodologies for evaluation, a critical part of an effective evaluation and/or monitoring process is identifying the appropriate indicators and the data that should be collected to support such processes. Prevalence data (the estimated percentage of women experiencing violence) is critical to understanding the extent and depth of the problem of violence against women, in order to inform the development of policies and strategies and their related costs and to see if such strategies are working. Increasingly, more States have collected prevalence data through domestic household surveys, other dedicated surveys or through WHO. In most cases, the prevalence surveys are limited to sexual and physical violence committed by partners and non-partners. Since the release, in 2006, of the study on violence against children,[14] countries such as Swaziland and the United Republic of Tanzania have also completed prevalence studies of violence against children, some focusing specifically on violence against girls.

49. While it is unlikely that that all surveys are conducted in the same way across all States, the indicators on violence against women developed by the Friends of the Chair of the Statistical Commission (see E/CN.3/2009/13) and the accompanying guidelines for conducting such surveys currently being developed by the United Nations Statistics Division (see E/CN.3/2011/5) will assist in promoting consistency and comparability of data. The guidelines will be important for ensuring that any research conducted with women who have been abused, or those at risk of being abused, is done in line with relevant ethical considerations such as privacy and confidentiality or ensuring participant safety.[40]

50. Some Member States reported collecting prevalence data (Italy, Malta, Mauritius, Mexico and the Republic of Korea) but the indicators against which data was collected was unclear. Jordan referred to its national system for gender statistics and indicators but there was no reference to data or indicators on violence against women and girls. Sweden conducts an annual survey on victimization, a segment of which includes family, intimate partner and honour-related violence.

Individual incidents and system responses

51. It is important to measure the impact that services and responses are having on women's and girls' lives and their safety by looking at the system's response to individual incidents. This requires the collection of both quantitative and qualitative data. Some relevant data may be drawn from the prevalence surveys in many countries, which in some instances record women's "help-seeking" behaviours. This predominantly includes access to administrative data from police, the justice system and all other multisectoral services providing responses to women and girls.

52. Qualitative data can be sought from survivors who should be an important part of any evaluation of effectiveness. Their feedback should also be included in the

[40] Mary Ellsberg and Lori Heise, "Researching violence against women: a practical guide for researchers and activists", World Health Organization and Program for Appropriate Technology in Health, Washington, D.C., 2005.

policy formulation process.[40] In humanitarian settings, the inter-agency Gender-Based Violence Information Management System[41] led by the International Rescue Committee, the United Nations Population Fund, the Office of the United Nations High Commissioner for Refugees, the United Nations Children's Fund and WHO allows for the collection, management and sharing of data on violence against women and girls that better inform the humanitarian response to such violence.

53. With the exception of Argentina, few States referred to a systemic collection of data (Austria, Finland and Sri Lanka) through multiple sources. Sri Lanka reported that the data was used to develop prevention and/or protection measures or used in measuring the effectiveness of the multisectoral services and responses. The Sudan identified the lack of data and its analysis as a weakness in its response to violence against women and girls. No State reported the development of specific indicators for assessing system effectiveness.

54. As with prevalence data, there is benefit in having a degree of consistency in what is being measured and collected at the national level to support information-sharing on effective practices. There has been little work done on developing indicators to measure the effectiveness of system responses for protection or the prevention of re-victimization, although the Special Rapporteur for violence against women, its causes and consequences proposed such indicators in 2008 (see A/HRC/7/6). While it may not be possible to develop a comprehensive set of indicators to measure the impact of coordinated multisectoral responses and services, it may be possible to reach consensus on such broad indicators as those proposed by the Special Rapporteur, which include increased levels of reporting, attrition from the system, especially the criminal justice system, and whether or not services are working together effectively.

X. Coordination within the United Nations system

55. The former Task Force on Violence against Women of the Inter-Agency Network on Women and Gender Equality (currently known as the Standing Committee on Violence against Women) has enhanced the timely exchange of information, coordination and collaboration among United Nations entities through an initiative seeking to capture the results and lessons learned from the joint programming carried out in 10 countries.[42] Individual and joint programming assistance provided by several United Nations entities continues to support the development of comprehensive multisectoral services and responses, such as the development of the "Delivering as one" approach in Rwanda.[42] The United Nations coordinates matters related to conflict-related sexual violence through United Nations Action against Sexual Violence in Conflict, and matters related to all forms of violence against women and girls in emergency settings via the gender-based violence area of responsibility within the Global Protection Cluster.

56. The Secretary-General's campaign "UNiTE to End Violence Against Women" continues to coordinate inter-agency cooperation on many aspects of responding to violence against women, including by advocating for amendments in laws and

[41] More information available from www.gbvims.org.

[42] More information available from www.unfpa.org/webdav/site/global/shared/documents/publications/2011/VAWJointProgrammingCompendium-1.pdf.

polic es, establishing and delivering multisectoral services and responses and devel oping consistent and integrated data systems to inform the development of polic / and responses. The United Nations Trust Fund in Support of Actions to Eliminate Violence against Women also continues to support the development of comprehensive multisectoral services and responses through funding provided to many countries for the development of such services and for ensuring access for all women. Its call for proposals for 2012 includes a focus on the implementation of national and local laws, policies and action plans for addressing violence against women and violence against adolescent and young girls. The Joint United Nations Programme on HIV/AIDS (UNAIDS) prioritizes ending violence against women in its strategy 2011-2015.

XI. Conclusions and recommendations

57. **The conclusions and recommendations draw on the consensus of the UN-Women Stakeholders' Forum on preventing and eliminating violence against women, held in New York on 13 and 14 December 2012, at which Ministers from Member States, permanent representatives to the United Nations, civil society organizations and leaders of the United Nations system emphasized the commitment to normative strengthening and the effective and accelerated implementation and enforcement of the response to, and prevention of, violence against women and girls. The foundation for the development and delivery of effective services and responses for violence against women and girls has been well established. It is now understood that the response to violence against women and girls must be anchored in a human rights framework, including the Convention on the Elimination of All Forms of Discrimination against Women (as recommended by the Committee on the Elimination of Discrimination against Women, in its general recommendation No. 19), the Declaration on the Elimination of Violence against Women and the Beijing Platform for Action. It must recognize the power imbalances and gender inequality between perpetrators and victims/survivors, and hold perpetrators accountable. Such services and responses should be mandated in comprehensive legal and policy frameworks. They should be multisectoral and coordinated in order to respond to the multidimensional impacts of violence. All women and their accompanying children, as well as girls who are subject to violence, should have access to such services and responses, including equal access to justice. Multisectoral services and responses should also take into consideration the needs of particular groups of women and girls, especially those who face multiple forms of discrimination and should maintain the confidentiality and privacy of all victims/survivors.**

58. **While there has been some progress in this area, implementation has been slow and uneven across countries, including inconsistency in the quality of service provision. Even in high-income countries, the availability and affordability of, and access to, services and support is insufficient and/or inappropriate, especially for those services that ensure women's long-term recovery and reintegration into society.**

59. **With regard to the following areas, the Commission on the Status of Women, at its fifty-seventh session, may wish to call on Governments and other stakeholders to:**

Global legal and policy framework

(a) Work towards the universal ratification of the Convention on the Elimination of All Forms of Discrimination against Women, withdraw all reservations to the Convention and ratify or accede to its Optional Protocol;

(b) Continue to strengthen norms and standards at the global, regional and national levels and consider the development of a global implementation plan;

(c) Strengthen accountability mechanisms, including through the coverage of violence against women in comprehensive reports to the Committee on the Elimination of Discrimination against Women;

(d) Consider the linkages between gender equality, women's empowerment and violence against women and girls in future development frameworks;

Laws, policies, coordination and resources

(e) Ensure that national legislation and policies on violence against women reflect international human rights standards;

(f) Develop comprehensive national policies and action plans that clearly outline benchmarks for progressively achieving comprehensive multisectoral responses and services for violence against women and girls and include the establishment of baselines in order to measure such achievement;

(g) Undertake costing exercises to determine adequate budget allocations for the provision of multisectoral services and responses and mandate the ongoing provision of adequate resources in law and policy;

(h) Authorize the provision of multisectoral services and responses in law and policy;

(i) Develop and provide for the necessary coordination mechanisms in law and policy;

Provision of multisectoral services and responses

(j) Identify and provide the full range of multisectoral services and responses to respond to all forms of violence against all women and girls, including police and justice responses, shelters, legal aid, health-care services (including those for sexual and reproductive health) and psychosocial counselling and support, 24-hour hotline services, services for accompanying children at shelters, long-term economic and employment assistance and social reintegration support;

(k) Ensure that women and girls enjoy their human rights, including their reproductive rights;

(l) Ensure the availability of multisectoral services and responses in conflict, post-conflict, transitional and other humanitarian settings and coordination among all actors, including humanitarian relief agencies and peacekeepers;

(m) Establish multisectoral services and responses through comprehensive referral mechanisms;

(n) Develop and implement information-sharing guidelines that are underpinned by ethical principles;

(o) Progressively work towards the inclusion of long-term support for women and their accompanying children, as well as girls subjected to violence, in order to ensure their recovery and reintegration into society such as by providing access to permanent housing and employment opportunities to prevent further re-victimization;

(p) Strengthen coordination in, and accountability of, the United Nations system to support States in the development of effective multisectoral services and responses;

Ensuring quality of services and responses

(q) Work towards developing a set of global standards for multisectoral services and responses to ensure the necessary quality of services and responses, beginning with those required in the immediate aftermath of violence and progressively including those required for longer-term recovery;

Access to multisectoral services and responses

(r) Strengthen and expand the means for promoting the availability of multisectoral services and responses and to inform survivors of their legal rights to access such services;

(s) Continue to develop and expand the capacity of all professionals working in multisectoral services and responses to ensure they respond appropriately to all women and girls accessing services;

(t) Undertake mapping exercises to identify gaps in the provision of multisectoral services and responses;

(u) Provide the full range of multisectoral services and responses to rural women, either through permanent placement of services or through mobile outreach services;

(v) Develop and implement multisectoral services and responses that are culturally sensitive and accessible for specific groups of women, including indigenous and migrant women;

(w) Ensure services and responses are accessible for women and girls with specific needs, such as women and girls with disabilities and women and girls living with HIV;

(x) Provide services and responses that take into account the needs of young and adolescent girls and of children who accompany their mothers or female caregivers when accessing services and responses;

Assessing effectiveness

(y) Monitor and independently evaluate the provision of multisectoral services and responses to ensure that they are effective in meeting the safety, recovery, and reintegration needs of women and girls;

(z) Collect data disaggregated by age, sex and disability and other relevant factors to support the design of multisectoral services and responses, as well as the monitoring and evaluation processes;

(aa) Collect data on access to multisectoral services and responses by women and girls who suffer multiple and intersecting forms of violence;

(bb) Integrate the prevalence indicators for violence against women and girls endorsed by the Statistical Commission into national survey instruments and ensure that these surveys are conducted on a regular basis;

(cc) Build on the work of the Special Rapporteur on violence against women, its causes and consequences in developing consistent indicators for assessing the effectiveness of coordinated multisectoral services and responses.